

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®
January 1, 2023 Updates

| Drug Name | Current (tier and edit) | As of 01/01/23 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|---|------------------------------------|---|-----------------------------------|------------------------|--------------------|---------------------------|
| isosorbide dinitrate-hydralazine tab 20-37.5mg (Brand: Bidil®) | G | No Change (New Generic) | | Generic Addition | No Change | 04/18/22 |
| brimo/timolol sol 0.2/0.5% (Brand: Combigan®) | G | No Change (New Generic) | | Generic Addition | No Change | 04/25/22 |
| varenicline pak 0.5x1mg (Brand: Not Available) | G/ACA | No Change (New Generic) | | Generic Addition | No Change | 04/25/22 |
| potassium iodide sol 1gm/ml (Brand: SSKI®) | G | No Change (New Generic) | | Generic Addition | No Change | 05/02/22 |
| pirfenidone tab 267mg, 801mg (Brand: Esbriet®) | G/SP* | No Change (New Generic) | | Generic Addition | No Change | 05/09/22 |
| diclofenac sol 2% (Brand: Pennsaid®) | G | No Change (New Generic) | | Generic Addition | No Change | 05/16/22 |
| mesalamine cap 500mg ER (Brand: Pentasa®CR) | G | No Change (New Generic) | | Generic Addition | No Change | 05/23/22 |
| lacosamide sol 10mg/ml (Brand: Vimpat®) | G | No Change (New Generic) | | Generic Addition | No Change | 05/30/22 |
| bexarotene gel 1% (Brand: Targretin®) | G/SP* | No Change (New Generic) | | Generic Addition | No Change | 05/30/22 |
| sorafenib tab 200mg (Brand: Nexavar®) | G/SP* | No Change (New Generic) | | Generic Addition | No Change | 06/06/22 |
| vilazodone tab 10mg, 20mg, 40mg (Brand: Viibryd®) | G | No Change (New Generic) | | Generic Addition | No Change | 06/06/22 |

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| Drug Name | Current (tier and edit) | As of 01/01/23 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|---|--|---|--------------------------------|-------------|-------------------|
| levamlodipin tab 2.5mg, 5mg (Brand: Conjupri®) | NPD | No Change (New Authorized Generic) | Generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc) | Authorized Generic Addition | No Change | 05/09/22 |
| fluticasone/vilanterol inh 100-25, 200-25 (Brand: Breo® Ellipta®) | NPD | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 05/30/22 |
| fluticasone HFA AER 44mcg, 120mcg, 220mcg (Brand: Flovent® HFA) | NPD | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 05/30/22 |
| Oxycodone/Acetaminophen Sol 5/325mg | NPD + MME + QL + D/S (60ml per day; max 5 D/S) | No Change | Generic oxycodone/APAP tablet | No Change | No Change | 05/09/22 |
| Insulin Glar Sol 100u/ml | NPD + QL (2ml per day) | No Change | | No Change | No Change | 05/16/22 |
| Insulin Glar Inj 100u/ml | NPD + QL (2ml per day) | No Change | | No Change | No Change | 05/16/22 |
| Ziphex® Tab 13-1mg | Excluded | No Change | | No Change | No Change | 05/16/22 |
| Norgesic® Tab | NPD | No Change | Generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc) | No Change | No Change | 05/23/22 |
| Roxybond™ Tab 15mg, 30mg | NPD + QL + D/S + MME (6 tabs per day; max 5 D/S) | No Change | Generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household | No Change | No Change | 05/30/22 |
| Javygtor™ Pak 100mg | NPD/SP* | No Change | | No Change | No Change | 08/22/22 |
| Ozempic® Inj 8mg/3ml | PB | No Change (New Drug) | | No Change | No Change | 04/04/22 |
| Tlando™ Cap 112.5mg | NPD | No Change (New Drug) | | No Change | No Change | 04/11/22 |

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| Drug Name | Current (tier and edit) | As of 01/01/23 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|-------------------------------|---|--------------------------------|---|-------------|-------------|----------------|
| Triumeq® PD Tab | PB | No Change (New Drug) | | No Change | No Change | 04/11/22 |
| Quviviq™ Tab 25mg, 50mg | NPD + QL (1 tab per day) | No Change (New Drug) | Belsomra® and Two of the following: eszopiclone, zaleplon, zolpidem | No Change | No Change | 04/18/22 |
| Vijoice® Tab 50mg, 125mg | NPD/SP* + QL (1 tab per day) | No Change (New Drug) | | No Change | No Change | 04/18/22 |
| Vtama® Cream 1% | NPD | No Change (New Drug) | ALL of the following: (1) calcipotriene AND (2) one of the following: Taclonex® ointment, Taclonex® suspension, calcipotriene betamethasone ointment, calcipotriene-betamethasone suspension, Enstilar® AND (3) Wyzora® | No Change | No Change | 05/02/22 |
| Epsolay® Cream 5% | NPD | No Change (New Drug) | Soolantra® | No Change | No Change | 05/16/22 |
| Lyvispah™ Gra 5mg, 10mg, 20mg | NPD | No Change (New Drug) | Generic baclofen tablet | No Change | No Change | 05/23/22 |
| Radicava Ors® Sus 105/5ml | NPD/SP* | No Change (New Drug) | | No Change | No Change | 05/23/22 |
| Metformin Tab 625mg | NPD | No Change (New Drug) | ONE of the following: metformin IR 500mg, 850mg, 1000mg | No Change | No Change | 05/23/22 |
| Roxybond™ Tab 5mg | NPD + QL + D/S + MME (12 tabs per day; max 5 D/S) | No Change (New Drug) | Generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household | No Change | No Change | 05/30/22 |
| Voquezna™ Pak Dual Pak | NPD | No Change (New Drug) | | No Change | No Change | 05/30/22 |
| Voquezna™ Pak Triple Pak | NPD | No Change (New Drug) | | No Change | No Change | 05/30/22 |

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|---|---|--|---------------------------|----------------|-------------|-------------------|
| Nucala® Inj 40mg/0.4ml | PB/SP* | No Change (New Drug) | | No Change | No Change | 06/06/22 |
| Tyvaso® DPI POW | NPD/SP* | No Change (New Drug) | | No Change | No Change | 06/13/22 |
| Olumiant® Tab 4mg | NPD/SP* | No Change (New Drug) | | No Change | No Change | 06/20/22 |
| Ztalmly® Sus 50mg/ml | NPD/SP* | No Change (New Drug) | | No Change | No Change | 06/20/22 |
| Adbry™ Solution Prefilled Syringe 150mg/ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Cibinqo™ Tab 50mg, 100mg, 200mg | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Endometrin® Insert 100mg Vaginal | NPD | PB | | Brand Downtier | No Change | 01/01/23 |
| Enbrel® Mini Solution Cartridge 50mg/ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Enbrel® Solution 25mg/0.5ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Enbrel® Solution Prefilled Syringe 25mg/0.5ml, 50mg/ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Enbrel® Sureclick® Solution Auto-Injector 50mg/ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Ovidrel® Injectable 250mcg/0.5ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Qulipta™ Tab 10mg, 30mg, 60mg | NPD + QL (1 tab per day) | PB + QL (1 tab per day) | | Brand Downtier | No Change | 01/01/23 |
| Ibrance® Caps/Tabs 75mg, 100mg, 125mg | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Verzenio® Tab 50mg, 100mg, 150mg, 200mg | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Dexcom G6 Receiver Device | NPD + QL (2 receivers per 365 days) | PB + QL (2 receivers per 365 days) | | Brand Downtier | No Change | 01/01/23 |

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|---|---|---|---------------------------|------------------|-------------|-------------------|
| Dexcom G6 Sensor | NPD + QL (4 sensors per 28 days) | PB + QL (4 sensors per 28 days) | | Brand Downtier | No Change | 01/01/23 |
| Dexcom G6 Transmitter | NPD + QL (4 transmitters per 365 days) | PB + QL (4 transmitters per 365 days) | | Brand Downtier | No Change | 01/01/23 |
| Skyrizi® Inj 150mg/ml | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 01/01/23 |
| Humulin® R U-500 (Concentrated) Solution 500unit/ml | NPD + QL (2ml per day) | PB + QL (2ml per day) | | Brand Downtier | | 01/01/23 |
| Humulin® R U-500 Kwikpen® Solution Pen-Injector 500unit/ml | NPD + QL (2ml per day) | PB + QL (2ml per day) | | Brand Downtier | | 01/01/23 |
| Contour Next Test Strip In Vitro | NPD + QL (200 strips per 30 days) | PB + QL (200 strips per 30 days) | | Brand Downtier | | 01/01/23 |
| Contour Test Strip In Vitro | NPD + QL (200 strips per 30 days) | PB + QL (200 strips per 30 days) | | Brand Downtier | | 01/01/23 |
| Mounjaro™ Inj | NPD | PB | | Brand Downtier | | 01/01/23 |
| cefadroxil cap 500mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| cyproheptadine hcl tab 4mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| donepezil HCL tab 5mg, 10mg, 23mg | G + AL (Min Age 50) | LCG + AL (Min Age 50) | | Generic Downtier | No Change | 01/01/23 |
| fluconazole tablet 50mg, 100mg, 150mg, 200mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| gentamicin sulfate solution 0.3% ophthalmic | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| guaifenesin-codeine solution 100-10mg/5ml | G + AL + QL + MME + D/S (Min Age 18; 60ml per day; max 5 D/S) | LCG + AL + QL + MME + D/S (Min Age 18; 60ml per day; max 5 D/S) | | Generic Downtier | No Change | 01/01/23 |

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|--|---|--|---------------------------|------------------|-------------|-------------------|
| hydralazine hcl tablet 10mg, 25mg, 50mg, 100mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| hydrocodone-acetaminophen solution 2.5-108mg/5ml, 5-217mg/10ml, 7.5-325mg/15ml | G + QL + MME + D/S (90ml per day; max 5 D/S) | LCG + QL + MME + D/S (90ml per day; max 5 D/S) | | Generic Downtier | No Change | 01/01/23 |
| hydrocodone-acetaminophen tablet 10-300mg, 10-325mg | G + QL + MME + D/S (6 tabs per day; max 5 D/S) | LCG + QL + MME + D/S (6 tabs per day; max 5 D/S) | | Generic Downtier | No Change | 01/01/23 |
| hydrocodone-acetaminophen tablet 5-300mg, 5-325mg, 7.5-300mg, 7.5-325mg | G + QL + MME + D/S (12 tabs per day; max 5 D/S) | LCG + QL + MME + D/S (12 tabs per day; max 5 D/S) | | Generic Downtier | No Change | 01/01/23 |
| hydroxyzine HCL syrup 10mg/5ml | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| hyoscyamine sulfate SL tab 0.125mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| levofloxacin tab 250mg, 500mg, 750mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| lortab elixir 10-300mg/15ml | G + QL + MME (90ml per day) | LCG + QL + MME (90ml per day) | | Generic Downtier | No Change | 01/01/23 |
| methadone HCL solution 10mg/5ml | G + QL (30ml per day) | LCG + QL (30ml per day) | | Generic Downtier | No Change | 01/01/23 |
| methadone HCL solution 5mg/5ml | G + QL (60ml per day) | LCG + QL (60ml per day) | | Generic Downtier | No Change | 01/01/23 |
| methocarbamol tab 500mg, 750mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| mometasone furoate ointment 0.1% | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| nitrofurantoin monohyd macro cap 100mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |

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|--|-----------------------------------|-----------------------------------|---------------------------|------------------|-------------|-------------------|
| nystatin suspension 100000 unit/ml mouth/throat | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| nystatin-triamcinolone ointment 100000-0.1 unit/gm-% | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| olanzapine tab 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| oscimin tab 0.125mg sublingual | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| oxybutynin chloride syrup 5mg/5ml | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| phentermine HCL cap 15mg, 30mg, 37.5mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| phentermine HCL tab 37.5mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 6.7mg/5ml | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| prednisolone solution 15mg/5ml | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| silver sulfadiazine cream 1% | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| SSD cream 1% | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| tizanidine HCL tab 2mg, 4mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| trihexyphenidyl hcl tab 2mg, 5mg | G | LCG | | Generic Downtier | No Change | 01/01/23 |
| Zimhi™ Solution Prefilled Syringe 5mg/0.5ml Injection | NPD + QL (6 units per 30 days) | NPD + QL (6 units per 30 days) | | No Change | | 01/01/23 |
| Latuda® Tab 20mg, 40mg, 60mg, 80mg, 120mg | NPD | NPD | | No Change | | 01/01/23 |

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|--|--|---|---------------------------|----------------|-------------|-------------------|
| Rexulti® Tab 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg | NPD | NPD | | No Change | | 01/01/23 |
| Vraylar® Cap 1.5mg, 3mg, 4.5mg, 6mg | NPD | NPD | | No Change | | 01/01/23 |
| Vraylar® Cap Therapy Pack 1.5 & 3mg | NPD | NPD | | No Change | | 01/01/23 |
| Contour Blood Glucose System Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Contour Monitor Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Contour Next EZ Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Contour Next Link Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Contour Next Monitor Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Contour Next One Kit | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | | No Change | | 01/01/23 |
| Combigan® Sol 0.2/0.5% | PB | NPD | | Brand Uptier | No Change | 01/01/23 |
| Pentasa® Cap 500mg CR | PB | NPD | | Brand Uptier | No Change | 01/01/23 |
| Targretin® Gel 1% | PB/SP* | NPD/SP* | | Brand Uptier | No Change | 01/01/23 |
| Restasis® Emulsion 0.05% Ophthalmic | PB + QL (2 per day) | NPD + QL (2 per day) | | Brand Uptier | No Change | 01/01/23 |
| Selzentry® Tab 150mg, 300mg | PB | NPD | | Brand Uptier | No Change | 01/01/23 |
| Incruse® Ellipta® Aerosol Powder Breath Activated 62.5mcg/Inh | PB | NPD | Spiriva® | Brand Uptier | | 01/01/23 |
| Freestyle Libre 14 Day Reader Device | PB + QL (2 readers per 365 days) | NPD + QL (2 readers per 365 days) | | Brand Uptier | | 01/01/23 |

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|---|--|---|---------------------------|----------------|-------------|-------------------|
| Freestyle Libre 14 Day Sensor | PB + QL (2 sensors per 28 days) | NPD + QL (2 sensors per 28 days) | | Brand Uptier | | 01/01/23 |
| Freestyle Libre 2 Reader Device | PB + QL (2 readers per 365 days) | NPD + QL (2 readers per 365 days) | | Brand Uptier | | 01/01/23 |
| Freestyle Libre 2 Sensor | PB + QL (2 sensors per 28 days) | NPD + QL (2 sensors per 28 days) | | Brand Uptier | | 01/01/23 |
| Freestyle Libre Reader Device | PB + QL (2 readers per 365 days) | NPD + QL (2 readers per 365 days) | | Brand Uptier | | 01/01/23 |
| Freestyle Libre Kit 3 Sensor | PB + QL (2 sensors per 28 days) | NPD + QL (2 sensors per 28 days) | | Brand Uptier | | 01/01/23 |
| Onetouch® Ultra 2 Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Ultra Mini Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Verio Flex System Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Verio IQ System Kit w/Device | PB + QL (2 units per 365 days) | PB+ QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Verio Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Verio Reflect Kit w/Device | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Sol Kit Starter | PB + QL (2 units per 365 days) | PB + QL (2 units per 365 days) | Contour® | No Change | | 01/01/23 |
| Onetouch® Ultra Strip In Vitro | PB + QL (200 strips per 30 days) | NPD + QL (200 strips per 30 days) | Contour® | Brand Uptier | | 01/01/23 |

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|--|--|---|--|----------------|-------------|-------------------|
| Onetouch® Verio Strip In Vitro | PB + QL (200 strips per 30 days) | NPD + QL (200 strips per 30 days) | Contour® | Brand Uptier | | 01/01/23 |
| Zyflo® Tab 600mg | NPD | NPD | Both of the following generics: montelukast and zafirlukast | No Change | | 01/01/23 |
| Delzicol® Cap Delayed Release 400mg | NPD | NPD | Generic equivalent of requested brand | No Change | | 01/01/23 |
| Veregen® Ointment 15% | NPD | NPD + QL (16 weeks per lifetime) | | No Change | | 01/01/23 |
| Xopenex® Concentrate nebulization solution inhalation | NPD | NPD | Generic levalbuterol nebulizer solution | No Change | | 01/01/23 |
| Xopenex® nebulization solution | NPD | NPD | Generic levalbuterol nebulizer solution | No Change | | 01/01/23 |
| Colзал® Cap 750mg | NPD | NPD | Generic balsalazide | No Change | | 01/01/23 |
| Geodon® Cap | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Risperdal® Solution 1mg/ml Oral | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Risperdal® | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Ritalin® Tab 5mg, 10mg, 20mg | NPD + QL (3 tabs per day) | NPD + QL (3 tabs per day) | Generic equivalent of requested brand | No Change | | 01/01/23 |
| Seroquel® [XR] Tab | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Xanax® XR Tab | NPD + AL (Min Age 18) | NPD + AL (Min Age 18) | Generic benzodiazepines | No Change | | 01/01/23 |
| Zyprexa® Tab | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Zyprexa® Tab Dispersible | NPD | NPD | Generic antipsychotic agents | No Change | | 01/01/23 |
| Anafranil™ Cap | NPD | NPD | Generic tricyclic antidepressants | No Change | | 01/01/23 |
| Cambia® Packet 50mg | NPD | NPD | Generic prescription strength NSAIDs | No Change | | 01/01/23 |
| Celexa® Tab | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |
| Paxil® CR Tab Extended Release 24 Hour | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |
| Paxil® Suspension 10mg/5ml Oral | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |

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| Paxil® Tab | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |
| Spritam® Tab Disintegrating Soluble | NPD | NPD | Generic levetiracetam | No Change | | 01/01/23 |
| Wellbutrin® SR Tab Extended Release 12 Hour | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |
| Pexeva® Tab | NPD | NPD | Generic antidepressants | No Change | | 01/01/23 |
| Symbyax™ Cap | NPD | NPD | Generic equivalent of requested brand | No Change | | 01/01/23 |
| Arimidex® Tab 1mg | NPD | NPD | Generic anastrozole | No Change | | 01/01/23 |
| Mestinon® Tab 60mg | NPD | NPD | Generic pyridostigmine | No Change | | 01/01/23 |
| Mestinon® Solution 60mg/5ml | NPD | NPD | Generic pyridostigmine | No Change | AL Addition | 01/01/23 |
| Mestinon® ER Tab 180mg | NPD | NPD | Generic pyridostigmine | No Change | | 01/01/23 |
| EpiPen® 2-Pak Solution Auto-Injector 0.3mg/0.3ml | NPD + QL (6 units per 180 days) | NPD + QL (6 units per 180 days) | | No Change | | 01/01/23 |
| EpiPen® Jr 2-Pak Solution Auto-Injector 0.15mg/0.3ml | NPD + QL (6 units per 180 days) | NPD + QL (6 units per 180 days) | | No Change | | 01/01/23 |
| Dhivy™ Tab 100-25mg | NPD | NPD | carbidopa-levodopa IR and carbidopa-levadopa ODT | No Change | | 01/01/23 |
| Crinone® Gel 8% Vaginal | NPD | NPD | Endometrin® | No Change | | 01/01/23 |
| Menopur® Solution Reconstituted 75 Unit | NPD/SP* + QL (2 units per day) | NPD/SP* + QL (6 units per day) | Follistim® AQ | No Change | QL Update | 01/01/23 |
| glimepiride tab 1mg, 2mg, 4mg | LCG | G | | Generic Uptier | No Change | 01/01/23 |
| multivitamin + fluoride tab chewable 0.25mg, 0.5mg, 1mg | LCG | G | | Generic Uptier | No Change | 01/01/23 |
| sodium fluoride tab chewable 2.2 (1F)mg | LCG | G | | Generic Uptier | No Change | 01/01/23 |
| Camzyos™ Cap 2.5mg, 5mg, 10mg, 15mg | NPD/SP* | NPD/SP* + QL (1 cap per day) | | No Change | QL Addition | 01/01/23 |
| zidovudine syrup 50mg/5ml | LCG | G | | Generic Uptier | No Change | 01/01/23 |

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| Drug Name | Current (tier and edit) | As of 01/01/23 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|---|----------------------------------|-----------------------------------|---|----------------|-------------|-------------------|
| Tarpeyo™ Cap 4mg | NPD | NPD + QL (4 caps per day) | | No Change | QL Addition | 01/01/23 |
| Vijoice® Tab 250mg | NPD/SP* + QL (1 tab per day) | NPD/SP* + QL (2 tabs per day) | | No Change | QL Update | 01/01/23 |
| Verkazia® Emu 0.1% | NPD | NPD + QL (4 vials per day) | | No Change | QL Addition | 01/01/23 |
| Dartlisa ODT™ Tab 1.7mg | NPD | NPD + QL (4 caps per day) | | No Change | QL Addition | 01/01/23 |
| Wakix® Tab 4.45mg | NPD/SP* + QL (3 tabs per day) | NPD/SP* + QL (2 tabs per day) | | No Change | QL Update | 01/01/23 |
| Valcyte® Solution Reconstituted 50mg/ml oral | NPD | NPD + AL (Max Age 12) | | No Change | AL Addition | 01/01/23 |
| valganciclovir hcl solution reconstituted 50mg/ml oral | G | G + AL (Max Age 12) | | No Change | AL Addition | 01/01/23 |
| Recorlev® Tab 150mg | NPD/SP* | NPD/SP* + QL (8 tabs per day) | | No Change | QL Addition | 01/01/23 |
| Valsartan Sol 20mg/5ml | NPD | NPD + AL (Max Age 12) | Generic angiotensin receptor blockers or combination (e.g., losartan, olmesartan, valsartan tablet, etc) | No Change | AL Addition | 01/01/23 |
| Norliqva® Sol 1mg/ml | NPD | NPD + AL (Max Age 12) | Generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc) | No Change | AL Addition | 01/01/23 |
| Adlarity® Dis 5mg/day, 10mg/day | NPD | NPD + AL (Min Age 50) | Generic donepezil tablet | No Change | AL Addition | 01/01/23 |
| Qualaquin® cap 324mg | NPD | NPD + QL (60 caps per 10 days) | | No Change | QL Addition | 01/01/23 |
| quinine cap 324mg | G | G + QL (60 caps per 10 days) | | No Change | QL Addition | 01/01/23 |

*= for Specialty plans

(continued)

Abbreviation Key

| | |
|---|--|
| G | Generic |
| LCG | Low Cost Generic. Benefit may vary; not all plans provide this incentive. |
| ACA | Affordable Care Act preventative drugs |
| PB | Preferred Brand |
| NPD | Non-Preferred Drug |
| SP | Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier. |
| MME | Morphine Milligram Equivalent |
| D/S | Days Supply Limit |
| QL | Quantity Limit |
| AL | Age Limit |
| Generic Addition | A generic drug that recently became available in the marketplace |
| Generic Downtier | This generic drug will be covered at the appropriate preferred drug level of cost-sharing. |
| Generic Uptier | This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Authorized Generic Addition | An authorized generic drug that recently became available in the marketplace |
| Authorized Generic Uptier | Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs. |
| Brand Downtier | These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing. |
| Brand Uptier | These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Brand Addition | Coverage was added to this drug. |
| Brand/Authorized Generic/ Generic Deletion | Coverage was removed from this drug. Formulary alternatives are available. |

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